



DEPARTMENT OF CHILD SERVICES
402 West Washington Street, Room W392, MS 47
Indianapolis, Indiana 46204-2739

Name	Telephone number ()
------	-------------------------------

Address (number and street, city, state, and ZIP code)

Author / Presenter

Length of book or tape

What was the book or tape you reviewed about? (No less than 500 words - add extra sheets, if necessary.)

[illegible]

ALTERNATIVE TRAINING VERIFICATION (continued)

State Form 52643 (6-06) / CW 2110

How does this book / tape relate to your role as a foster parent?

What one new thing did you learn as a result of reviewing this book or tape?

What is one thing you would change about the way you foster children as a result of reviewing this book or tape?

I hereby verify that I reviewed the book or tape named above and that I completed this form based upon my personal knowledge of the material reviewed.	
Signature	Date (month, day, year)

To receive training credit, you must mail this form to your licensing worker at the following address:

DISTRIBUTION: White - Local DCS office; Canary - Foster parent